

upon as cured. One year after the operation the tumour was of the size of a small nut, and offered a pulsation scarcely perceptible. At the period of communicating the case, M. Velpeau, who had examined the patient, looked upon the tumour as completely obliterated.—*Gazette Médicale*, No. 37, Sept., 1840.

[The above observation is said to be the first case of aneurism successfully operated on in France by the method of Brasdor. MM. Dupuytren and Laugier, the only two surgeons who had previously practised it there, having both lost their patients. Brasdor's method, it will be remembered, is not equally well adapted to all the arteries, and the primitive carotid is decidedly the most favourable vessel for its performance.—G. W. N.]

29. *False Consecutive and Varicose Aneurism of the Femoral Artery—Ligation of the Artery—Hemorrhage—Ligation of the External Iliac—Hemorrhage—Compression—Death.* By M. LALLEMAND.—Rouviae, atat. 27, of strong constitution, received by accident a wound with a knife, in the course of the vessels, a little above the middle of the thigh. This was immediately followed by a jet of blood, which was arrested by the pressure of the hand over the wound, until the arrival of a physician, who effectually arrested it by means of a bandage maintained over the part during eight days. At the end of this time the bandage was removed and replaced by a plaster. Soon afterwards, a little tumour, which caused no pain, but which was the seat of a peculiar sound, was observed at the point of injury. Continuing his occupations, the tumour gradually increased, and in the beginning of May, 1838, five years after his accident, he entered the Hôtel Dieu of Montpellier, under M. Lallemand. The tumour, which was conoidal, and of the size of a small orange, was situated at four fingers breadth below the erugal arch. Its pulsations were isochronous with those of the artery, and offered to the hand, in a marked degree, the feel peculiar to varicose aneurisms, both of which symptoms disappeared upon compressing the vessel above it. All of the blood-vessels of the limb were increased in size, and the *fremissement* mentioned as existing could be felt along the whole course of the erugal vein.

Regarding it as varicose aneurism, M. Lallemand, on the 18th of May, exposed the artery, which was much increased in size, and passed a ligature around it at ten lines below the erugal arch. Upon tightening the ligature all pulsation ceased both in the tumour and the limb. For some days after the operation the patient appeared to be doing well, when on the 23d an abundant hemorrhage took place from the superior end of the femoral, which had been cut through by the ligature; this was arrested by pressure. On the following morning compression being insufficient entirely to restrain the hemorrhage, and the patient suffering greatly from it, it was determined to take up the external iliae, which was accordingly done. This operation was tedious, a portion of the intestine being constantly in the way of the operator. Towards evening of the day of this operation, the hemorrhage again returned, and it being impossible to ascertain its exact source, pressure was made in the course of the femoral and external iliae arteries, by means of sharpie and rollers. Some hours after this, a third hemorrhage came on, which was arrested by tightening the rollers, but at the end of another hour, the blood again poured forth so copiously, that the surgeon dared not remove the dressings for fear of causing instant death to his patient, and had recourse to pressure on the inferior end of the artery. This last means appeared useful, for the hemorrhage was restrained during the day, but during the following night it returned. Symptoms of peritonitis at this time set in, and at last the patient, worn out by the constant loss of blood, died on the 29th, eleven days after the ligation of the femoral.

*Autopsy.*—At the point of ligature of the femoral artery, that vessel was found to be divided in two-thirds of its circumference, its two ends being separated and covered by a clot of putrid blood. The superior end of the vessel contained a coagulum, tolerably firm, while the inferior end presented two gaping orifices, one belonging to the femoral, and the other to the profound artery, of which the orifice was at five millimetres from the point of ligature.

The aneurismal tumour was rounded, and communicated with the artery by an opening five millimetres in extent. Its cavity was filled with layers of fibrine, the most exterior of which were dense and nearly colourless, while the interior became softer and more coloured as they approached the centre. The thickness and resistance of the parieties of the tumour were considerable. The femoral vein communicated directly with the artery by an opening of one centimetre in extent. The parieties of the artery were thinned, while the vein was much thickened. The ligature on the external iliac was placed at nine lines from the origin of the epigastric; this vessel, though enlarged, contained two coagula, the superior extending to the bifurcation of the primitive iliac, and the inferior, from the point of ligature down to the opening in the femoral. Pus was found below the peritoneum in the left iliac and lumbar regions.—*Gazette Médicale*, No. 11, March, 1841.

[The operation for varicose aneurism of the lower extremity, even when the disease has been but of short duration, is one of the most serious in surgery, and when done in cases of long standing, as the above quoted, its results have been in every reported instance, fatal. In the case given by Dr. Dorsey, where the disease was situated on the posterior tibial artery, and a ligature was placed upon the femoral, death occurred from gangrene of the limb, and secondary hemorrhages. In Dupuytren's case, where the femoral artery was concerned, secondary hemorrhage took place on the eighteenth day, which was soon followed by gangrene and death. In the case of Baroni, where the disease was seated in the inguinal region, and the external iliac was taken up, an incision was made into the sac on the forty-fifth day, in consequence of repeated bleedings, with the view of securing all the vessels, the hemorrhage was so frightful, that the patient's life was only saved by making strong compression, and death occurred 11 days after. In Dr. Fleischer's patient, where the affection occupied the middle of the thigh, and an incision into the sac was made, the fatal result took place from like causes. In the history reported by Hennen, where the external iliac was tied, the affection being seated in the upper third of the thigh, gangrene and death speedily followed; and in the case of Dr. Morrison, where ligature of the external iliac was also made for a like affection, seated at the same part, death in a short time terminated the sufferings of the patient. In the very interesting account given of a similar affection by Dr. Perry, we find that death speedily followed the ligature of the artery; and in the case operated on in this city by Dr. Harris, although the disease was but of short duration, secondary hemorrhages and gangrene terminated life. Indeed, the only recorded operation for varicose aneurism of the lower extremity not followed by death, is the case of Mr. Bayham, and here the disease, which was situated in the middle of the thigh, and was treated by a single ligature placed as near as possible above the sac, was in no way benefited by it, although the patient came near losing his life from hemorrhage after the separation of the ligature.

Observation, however, shows that these aneurisms, in the lower, as in the upper extremity, after a certain lapse of time, become stationary, and a number of instances are recorded, in which the affection has continued for years, causing but little inconvenience. In 1820, a patient fell under the observation of M. Dupuytren, with a large varicose aneurism of the upper part of the thigh, which had continued for twelve years without injuring the health, or in any way interfering with the free use of the limb; and in the spring of 1835 a patient was in the wards of M. Velpeau at La Charité, in whom a like affection, seated high up in the thigh, had existed for more than twenty years without in any way interfering with his health, or the movements of his extremity.

In face of these facts it is no longer a question whether or not operative measures should be resorted to in the treatment of such cases. Sound surgery condemns it. The affection does not necessarily compromise life or the free use of the limb, and resort to the knife should not be had so long as the infirmity can be made at all bearable by the use of compresses, laced bandages, and other like means. If in any case the operation for varicose aneurism in the lower extremity is absolutely demanded, all reasoning and experience on the

subject go to show that no good result can be expected from the application of a single ligature above the tumour, as was employed in the above ease. The method of Hunter offers not the shadow of a chance of benefit, the blood after it being at once brought back to the point of opening in the vessel by the collateral arteries, and entering immediately the vein again reproduces the disease. Nothing less than securing the vessels both above and below the seat of aneurism, whatever region of the thigh may be its seat, can in any way be justifiable, and by such means the chances of secondary hemorrhage and gangrene, as we have just shown, are so very great, and the probability of success so immeasurably small, that we think all prudent surgeons would hesitate before resorting to it.

30. *Spontaneous Softening of Stone in the Bladder.*—Spontaneous fractures of stone in the bladder have been not very unfrequently noticed, but the following is, so far as we know, the first instance reported in which anything like softening of a stone occurred while it remained in that viscera. The ease, as reported, is, to say the least, a very remarkable one; we give it as communicated to the Academy of Medicine, on the 22d of September, 1840, by M. SEGALAS, in whose practice it is stated to have occurred.

A farmer, a stat. 60, from whose bladder two stones of uric acid had been removed six years previously, by M. Souberbielle, came to Paris again, suffering with symptoms of calculus, and placed himself under the care of M. Segalas, who detected a large stone, giving, when struck, a clear sound. After repose and an appropriate treatment, the operation of lithotomy was attempted on the 28th of December, 1839. The stone was twice seized, but each time it escaped from the instrument, leaving upon its teeth but slight portions of its exterior shell. Symptoms which afterwards occurred, rendered the immediate performance of lithotomy inapplicable, and it was determined to resort to the operation of lithotomy, for which purpose the patient returned to his village, making part of the journey on foot, and part in the stage coach. On the 8th of January following, M. Segalas arrived at his house and found him suffering severely; he refused any new trial of lithotomy, and insisted upon being at once cut. The high operation was performed, and upon seizing the calculus it at once yielded to pressure, and nothing but its central portion was extracted, the greater part of it being of a pasty consistence, escaped from the forceps, and remained in the bladder, from which it was extracted with difficulty by means of the scoop, aided by the fingers and injections. Thus a stone, which was so hard as to resist the lithotritic instrument, was found, eleven days afterwards, to be softened on its exterior to the consistence of paste, and to yield under the pressure of the forceps, even to its very centre.

Under the influence of what cause did so sudden a change take place? Of this M. Segalas is ignorant, but states that the calculus was proved by the analysis of M. Lecanu to be composed of phosphate of lime and animal matter, and that the softening coincided with a catarrhal inflammation of the bladder. In less than four weeks the patient entirely recovered.

31. *New local application to Erysipelas.*—M. VELPEAU has employed, he says, with advantage, in the treatment of erysipelas, the sulphate of iron as an application to the inflamed part. He has used it both in solution and in ointment. The former is prepared by dissolving an ounce of the salt in a pint of water; the latter by rubbing up a drachm of the salt in an ounce of lard. M. V. says that the former exerts most control over the inflammation, generally subduing it in two days.—*La Lancette Francaise*, November 7, 1840.

32. *Mechanism of Purulent Absorption.*—M. VELPEAU maintains that the depositions of pus and metastatic abscesses which take place after injuries, wounds, or surgical operations, depend on an alteration of the blood. "Any suppurating wound," he remarked in a late clinical lecture at La Charité, "may give rise to metastatic abscess; a simple incision of the pericranium; division of a varicose vein; excision of a pile; venesection; these simple injuries may excite the